

## Workforce Development Workgroup

### Michigan Long-Term Care Supports and Services Commission

#### Meeting Notes

December 11, 2007

#### Attendees:

Jean Brisbo	Jules Isenberg-Wedel	Laura McMurty
Michelle Munson-McCorry		Craig Nobbelin
Maureen Sheehan	David Shevrin	Lauren Swanson
Dawn Sweeney	Hollis Turnham	Tricia Harney
Chris Hennessey	Kelley Fulkerson	

#### 1. Welcome, Introductions and Review of the Agenda

- Introductions were made around the table. No new items were presented for the agenda.
- Dawn Sweeney will take notes for the meeting. THANKS from all of us.

#### 2. Review of September minutes

- Lauren Swanson asked that clarification be made regarding the grant, which was recorded as \$782, 564 for the development of nursing home diversion programs. The actual grant amount awarded was \$500,000.

#### 3. Reports from Workforce Ambassadors

##### **Finance**

- The Finance Committee has drafted a letter that will go to the Long Term Care Commission, as well as to central congressional delegation, regarding a fix to federal match for Medicaid. It seems that Michigan could see the amount of Medicaid dollars we receive dropped by of millions of dollars because of the contract between the Auto workers and car companies. Congress can correct the problem. This situation has been summed up in the following statement by Ann Marston, President and CEO of the League about President Bush's latest veto of the S-CHIP legislation.

*This legislation is particularly critical to Michigan because, in addition to providing funds for children's healthcare, it also includes a provision that protects the state from major loss of federal funds for the Medicaid program should an "extraordinary employer contribution to its pension or insurance fund" (e.g., the proposed General Motors contribution to the VEBA) be made. When GM made such a contribution to its retirement fund in 2003, that payment cost the state hundreds of millions of dollars in federal matching funds because it artificially increased Michigan's per capita income which is used in calculating the*

*federal matching rate. That payment was billions of dollars less than the proposed VEBA payment!*

### **Prevention/Care Giver Support**

- No report

### **Public Education & Consumer Participation**

- The group reviewed its mission statement. Also, they looked at their possible target audience and narrowed it down to their immediate target audience. They brainstormed all the possible objectives of the group, and placed them into a project grid. They are developing a user-friendly, succinct explanation of their mission statement, objectives and the target audience. They are trying to do this all in 100 words or less.

## **4. Review of the issue sub-committees**

### **Health Care Coverage**

- Michelle Munson-McCorry reported that this group met 2 weeks ago and narrowed down the health care coverage options to two specific health care coverage recommendations:
  - Health Insurance Rate Enhancement (HIRE): This approach is being piloted in Montana, which recently passed legislation to provide an enhanced rate to Medicaid-funded providers to offer health care coverage to their direct-care and nursing staff. The group feels that such a pilot would work in Michigan and plan to develop a recommendation to the LTC Commission that they support a Study Bill in the Michigan Legislature. The study would research the feasibility instituting a rate enhancement for Medicaid-funded long-term care providers for the specific purpose of providing affordable, adequate health insurance to direct care workers.
  - Promotion for Third Share Plans: Seven counties in Michigan operate TSPs as an affordable option for smaller employers to purchase and offer health insurance for their staff. The plan costs range from \$46-\$75 per month and offer varying levels of coverage. The monthly amount is paid by both the employer and the employee. The title of the plan is derived from the breakdown of monthly coverage payment: the employer, the employee and the related county each pay one third of the monthly coverage cost. While these plans are a great option, particularly for small employers and part-time employees, they are not very well known, and it would be the recommendation of this group to work towards promoting them.
    - A challenge with this option comes in situations in which more than one employer employs the direct care worker. The question then becomes one of determining which employer pays the coverage. However, this is a small obstacle given the general overall success of this initiative.

- Currently in Michigan, most efforts have focused on getting federal approval of the MiFirst Plan, which offers basic coverage for people living below 200% of the poverty level. Legislation that authorizes this proposal has passed the Senate; however, the Administration is waiting for stronger support from CMS before moving forward with filing a state plan amendment.
- The next health care meeting: January 16, 2008. Please checkout the related website: [www.coverageiscritical.org](http://www.coverageiscritical.org)

### **CNA Curriculum**

- Jules Isenberg-Wedel reported that the CNA curriculum improvement has received endorsement some groups and that they are now following up with several key groups that have not responded (HCAM and MAHSA) to get their endorsement. This delay seems to have slowed the momentum of this initiative. The group discussed the best way to approach these key groups to determine the cause for delay and offer solutions. They also discussed possibly reaching out to additional groups for endorsement and support. Drafting documents for this outreach will begin.
- They are considering creating a presentation of a cost benefit analysis to show the impact the improved curriculum could have, as well as relating the curriculum changes with outcomes focus to the new QI Survey process.
- The group plans to begin drafting a legislative proposal to share with needed partners.
- Next meeting: December 12, 2007.

### **Workforce Data**

- Hollis reported that this group met via conference call and discussed that lack of information that the state of Michigan currently collects regarding the individuals who work in assisted living centers, AFCs and other long term care facilities. There is even less information collected regarding individuals who work as in-home and private-pay care providers. The goal of this group is to fill in all these gaps and others that are in a Table on page 5 of the recommendations considered by the Medicaid Reform Task Force.
- North Carolina has created a form to collect information. The forms come as part of the license renewal process, but are not mandated to be completed. However, the state gets consistently strong participation. The information from this is not stored with a state department; rather it is compiled and stored by a university which puts together a minimum data set. The group would like to use this document as a starting point in developing a tool for Michigan and then finding a university or other education institution to manage the information. This of course, is all in the very early stages, and would require a lot of discussion and research to develop the most appropriate tool and storage plan for our state's needs.
- The group also discussed creating "student projects" in which a list of topics would be developed and then shopped out to graduate students as potential research projects. We could utilize the students to do data mining and research on the topics selected. Examples of areas to data mine include: the Labor Market

Information (LMI) database and the Department of Human Services (DHS) databases.

- Finally, the group is setting up a meeting with the LMI department to discuss their data needs and see if they can provide any assistance.

### **LPN Training Programs**

- Dave Shevrin reported the SE LTC MiRSA that he is working with met with Chief Executive Nurse Klemczak and others from the Governor's Executive Office to discuss the issue of LPNs. The meeting went well, and the following recommendations were created:
  - Improve the PN and RN Program Approval Process
  - Facilitate Articulation Agreements between Public and Private Nursing Programs
  - Explore changing Clinical Requirements and encourage rotations in outpatient clients, LTC facilities and community-based organizations.
- Also, CEN Klemczak mentioned that the public code regarding nursing is going to be reviewed and updated as needed. This would be a great opportunity to advocate for reforms that would benefit LPN training and curriculum as well.

### **Michigan Works Agencies**

We still do not have a leader for this group! Kelley Fulkerson has agreed to lead this group. She will make contact with the members regarding a meeting in the near future. Thanks Kelley!!!

#### **5. Next steps:**

Hollis will draft a report on the committee progress for the LTC Commission and circulate it to the group for feedback. The next LTC Commission meeting is January 28, 2008 at which Hollis will present the report from this group.

Our next meeting of the full Workforce Development Workgroup will be Wednesday February 6, 2008 from 1:30-3:30 p.m. at PHI's offices at 1325 S. Washington Avenue, Lansing 48910.